Partners in Health

THE GOVERNMENT OF ALBERTA'S RESPONSE TO THE PREMIER'S COMMISSION ON FUTURE HEALTH CARE FOR ALBERTANS

November, 1991

Alberta

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Additional copies of this report
may be obtained from:

Communications Branch
Alberta Health
18th Floor
10025 Jasper Avenue
Edmonton, Alberta
T5J 2N3
(403) 427-7164

THE PREMIER OF ALBERTA

MESSAGE FROM PREMIER GETTY

Our health system is of vital importance to all Albertans. All of us depend upon the availability and quality of that system at some time during our lives. We all want to ensure that the necessary support will be there when required.

Albertans are fortunate in having access to one of the finest health systems anywhere in the world. Yet, in the past few years it has become apparent that our health system is facing a number of challenges. Our health system needs to adapt to be able to continue to meet the changing health needs of Albertans, at a cost that today's and future generations can afford.

Recognizing this need, I signed an Order-In-Council on December 18, 1987 establishing the **Premier's Commission on Future Health Care for Albertans.** The role of the Commission was to examine our health system and recommend changes to ensure it continued to meet our needs for tomorrow.

In February of 1990, the Commission completed more that two years of study and consultation with Albertans and released the **Rainbow Report: Our Vision of Health.** The Commission's report found that essentially the health system was structurally sound and adequately funded though it was in need of better management and some refinement. The **Rainbow Report** contained 21 major recommendations which the Commission believed would provide for a solid health system for the future.

To assess the findings and recommendations of the **Rainbow Report** on a government-wide basis I formed a Cabinet Task Force, made up of 12 Cabinet Ministers and chaired by the Minister of Health. This Task Force was to ensure that any recommendations accepted and implemented would support the principles of universality and reasonable access, provide for the continued provision of basic health services, support health promotion, take into account environmental and economic factors and not restrict access to health services because of an individual's inability to pay.

. . . /2

The Cabinet Task Force undertook a comprehensive review of each and every recommendation including a detailed evaluation of the responses to the **Rainbow Report** from health organizations, government departments and individual Albertans. This report being released today presents the results of that analysis and outlines the Government of Alberta's response to the recommendations of the **Rainbow Report.**

The future of Alberta's health system will be one which will even more strongly reflect the principles of health services so cherished by Albertans. The future health system will be stronger because it will be better managed and continue to be adequately funded.

Health units, hospitals, long term care facilities, health service providers, community organizations and government will be **partners in health** ensuring a continuum of health services which will make Alberta the envy of Canada and the world.

All sectors of the health system and individual Albertans will work together in a collaborative and cooperative manner to achieve our goal of "healthy Albertans in a healthy Alberta". We as Albertans will truly be **partners in health.**

Don R. Getty

November, 1991

Partners in Health

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SECTION I
Overview

ALBERTA HAS AN ENVIABLE RECORD IN HEALTH CARE

Albertans have the right to be proud of their health care system. All Albertans have equal access to the same high standard of medical care. Albertans do not die because they cannot afford medical treatment. No Albertan is denied access to a hospital because of an inability to pay. No doctor refuses to treat an Albertan for fear of not being paid. And no Albertan's life is ruined because of medical bills. These are the qualities of our health care system which are most important to Albertans, and they are the same qualities which are most important to the Government of Alberta.

ALBERTA'S HEALTH CARE SYSTEM CAN BE MADE TO WORK BETTER

Alberta has a proud record of meeting the health care needs of its citizens. But one of the hard lessons learned in the 1980's was that what was good enough for yesterday is not necessarily good enough for today, or tomorrow.

All over the world, individuals, businesses and governments are being forced to abandon an *"if it ain't broke, don't fix it"* operating philosophy and to accept an *"if it's working well, let's find a way to make it work better"* approach. This shift in operating philosophies is coming about because it is clear that it is the only way to meet the challenges of a rapidly changing, complex world with an uncertain future.

> ***"We have without a doubt one of the best health care systems in the world."***
>
> **M. Whelan**

HEALTH CARE SYSTEM FACING REAL CHALLENGES

Alberta's health care system is not immune from the social, political, and economic forces which affect the province, the country and the rest of the world. As a result, a number of serious questions have been raised about our health care system:

- Are Albertans receiving the kind of health care they need and want?
- Should health services be delivered primarily through institutions such as hospitals, or are there better methods of delivery?

- Is a different kind of health insurance necessary?
- Should coverage under the Alberta Health Care Insurance Plan be increased or decreased?
- Can health care costs be controlled or are we going to have to spend increasing amounts of money just to deliver the same level of services?
- Do we need a different model for health care, one which takes in all aspects of a person's life?

GOVERNMENT HAS RESPONDED TO HEALTH CARE CHALLENGES

Because of the seriousness of the issues facing the health care system in Alberta, it became necessary to examine it in detail. It had to be determined if the circumstances which demanded its establishment, and provided its focus, still existed. It was also necessary to determine if the health care system was adequately meeting the needs of all Albertans and if it would continue to do so in the future. As a result, on December 18, 1987, the Honourable Don R. Getty, Premier of Alberta, signed an Order-in-Council which established *The Premier's Commission on Future Health Care for Albertans.*

PREMIER'S COMMISSION GIVEN A BROAD MANDATE

The Commission was given general terms of reference which directed it to look at a broad spectrum of health care issues. The Commission's chairman, Lou Hyndman, described the Commission's mission as setting *"directions for Albertans that would lead all of us toward a healthier way of living and provide us with a relevant health care system."*

"The idea of limiting medical care frightens me very much."

A. Becker

The Commission's mission statement resulted from a conviction *"that every Albertan has a role, responsibility and opportunity to achieve quality of life through good health -- physically, mentally, spiritually, socially, ecologically and economically."* Included in this conviction was the belief that the ability of Albertans to achieve these goals would be determined by the Government of Alberta's commitment to developing healthy public policy and programming which would support personal endeavors to achieve good health.

Commission Gathered Information Across Alberta

By the end of 1989, the Commission gathered information from throughout the province, both from individuals and interest groups. Overall, an estimated 125,000 Albertans were represented by submissions and comments. The Commission continued its discussion with consumers and health care professionals until July of 1989.

Rainbow Report Makes Broad Recommendations

In February, 1990, the Commission released *The Rainbow Report: Our Vision for Health*. This report contains 21 recommendations, and a number of sub-recommendations, which the Commission believes will provide the kind of health care system Alberta will need in the future. The responses of the public and interest groups to these recommendations are contained in Section IV. of this report. The Government of Alberta's responses to each recommendation are also contained in Section IV.

> ***"It does not provide an answer to all our problems but it certainly has opened the door to further discussions and review."***
>
> **Southeastern Alberta Health Unit**

Rainbow Report Calls for Long-Term Strategies

Establishment of Alberta's health care system was not something which came about overnight. It was the result of many years of discussion, analysis, and grass roots pressure, concerning the obligations of government in relation to the health of those for whom it governs. In essence, though the health care system was established by the Government of Alberta, its design and focus were determined by the people of the province. That was, and is, how it should be.

The Commission points out that the *Rainbow Report* does not present quick and easy answers to the challenges facing Alberta's health care system. The *Rainbow Report* is designed to encourage Albertans to become more fully involved in defining and setting directions for the health care system.

Albertans Will Shape Future of Health Care

Alberta's health care system belongs to the people of Alberta. Though the responses to present and future health care issues will be carried out by the Government of Alberta and health care providers, the direction of those responses will be determined by the people of the province.

But in order for this to happen, Albertans must know the current state of health care in Alberta and understand the challenges it is facing. Albertans must be aware of the paths the health care system could follow in the future, and be able to make knowledgeable choices from the options which are available. That, in essence, is the purpose of the *Rainbow Report*. The Government response to the report is the next step in the process. The government's response indicates what activities are already underway, and proposes a number of directions for the future development of health care in Alberta.

"We need to look at systems to shift decision-making and control from the health system to the client."

Red Deer Regional Health Unit

ALBERTANS KNOW WHAT KIND OF HEALTH CARE THEY WANT

Analysis of the *Rainbow Report*, and the public's response to it, show that Albertans know what kind of health care system they need and want. The features which are described in the following sections are consistently supported across all groups and all areas of the province. There is spirited debate on how best to maintain or achieve these features, but there is general agreement that they are necessary.

ALBERTANS WANT ACTIVE ROLE IN HEALTH CARE SYSTEM DEVELOPMENT

The health care system in Alberta is a partnership among the public, health care providers, and the government. However, because of the complexity of the delivery and funding issues involved, much of the debate about health care has involved only two of the three partners. The public has often been only a bystander to sometimes confusing discussions which could have a very real impact on both physical and economic health.

For the most part, Albertans have been silent partners. They have had to trust and hope that their interests and concerns were being well represented. However, given the challenges health care is facing, Albertans are now asking for a more active role in determining the future direction of health care in Alberta. The Government of Alberta supports this position.

Albertans Want Principles of Health Care Maintained

Though many of the funding and delivery concerns related to health care have become increasingly complex, they can only be addressed if a very simple question is answered first: *Do Albertans want to retain the basic principles contained in the Canada Health Act, such as universality?* It is the answer to this question which will determine the overall direction which is followed and the options which are chosen.

Based on recent provincial surveys, the findings of the *Rainbow Report*, and the responses to that report, there is no doubt that for the great majority of Albertans, the answer to that question is an unqualified yes. The Government of Alberta supports this position.

It is on this support for the principles of the health care system, as outlined in the Canada Health Act, that the activities and proposed directions in this report are based.

> ***"It is essential that we ensure basic health care coverage for all Albertans regardless of their financial means."***
>
> **Alberta Community Health Nurses Society**

Albertans Want Ready Access to Health Care

Albertans do not want a system in which the quality of health care they receive depends on the amount of money they have. The quality of health care in countries which use this approach, shows that this approach creates the very problems which the Alberta Health Care Insurance Plan was created to solve. Albertans want to maintain and improve the quality of health care they receive. They have no wish to move backward in time. The Government of Alberta supports this position.

Albertans Want Government Supported Health Care Insurance

Albertans do not want their government to abandon its role in insuring people against catastrophic medical costs. They want a single type of health care insurance and a uniform quality of health care delivery. The Government of Alberta supports this position.

Albertans Want Universal Health Care System

Albertans know that universality is the best safeguard for their health care system. They know that if everyone recognizes that they are in the same boat, no one will be inclined to try to sink it. Therefore, the bank president must receive the same quality of health care as the bank clerk. The politician and the voter must have an equal stake in the success of the health system. The Government of Alberta supports this position.

Albertans Accept Responsibility for Their Own Health

Albertans realize they have an active role to play in keeping the health system healthy. They are willing to take responsibility for maintaining their health. They see health promotion, prevention and awareness programs as valuable tools, but at the same time they do not support punishing individuals who make inappropriate life-style choices. The Government of Alberta supports this position.

Albertans Expect Better Management of the Health System

The vast majority of Albertans are committed to maintaining and improving the current health system. But they are not absolutely wedded to the kinds of administration and delivery systems which currently exist.

> ***"Sick people don't get sick out of choice..."***
>
> **E. Rondeau**

Albertans recognize that there may be better ways of doing things. Their major concern is that when they, and those they care about, need health services, they are available on a timely basis. No change to the administration or delivery of health services should put people at risk. However, Albertans also believe that better management is a key factor in ensuring that this is the case. The Government of Alberta supports this position.

Albertans Want Expanded Definition of Health

Albertans realize that good health care is more than just sickness care. It is clear to them that a person's physical, emotional, and economic well-being will, to a great degree, determine how likely they are to need medical services. Therefore, Albertans want a health system which is based on more than a medical model.

Albertans believe the health system needs to develop beyond its traditional borders. They want good working partnerships among all the professionals and organizations which can have an impact on their health. The Government of Alberta supports this position.

Albertans Realize There Are Limits to Growth

The majority of Albertans realize that there must be financial restrictions on the growth of the health care system. They realize that every dollar which goes into the health care system is a dollar which cannot be used for other types of social programs which may have a much more dramatic impact on the overall health of Albertans. The Government of Alberta supports this position.

Toward a New Vision of Health

As the *Rainbow Report* states, effective teamwork requires a common vision: *"The creation of a shared vision is the first and most important task we face. Creating a new vision means modifying our values to fit new times."*

The *Rainbow Report* is the first step in creating a new vision of health in Alberta. This response to the *Rainbow Report* is the second step. It will help all three partners in the health system- the public, health care providers, and the government - to come together and journey toward the future side by side.

> ***"Health care must begin to focus more on health and less on sickness."***
>
> **Canadian Mental Health Association**

The Vision

The future of the health system in Alberta will be one in which the commonly held principles of health care which Albertans cherish will be strengthened and enhanced. The health system will be better managed and adequately funded and all health professionals and organizations will work together in a spirit of cooperation and collaboration. Hospitals, health units, long-term care facilities, mental health clinics, health service providers, and volunteer organizations will provide a continuum of health services which will continue to make Alberta the envy of Canada and the world.

The health system of the future in Alberta will:

- ensure universal, appropriate, accessible and affordable health services for all Albertans
- emphasize collaboration and coordination among health service partners to achieve an optimum continuum of care
- target resources and services to those individuals and groups less capable of helping themselves to ensure equality of opportunity for all Albertans
- focus on outcome, the optimal health status of Albertans
- facilitate consumer choice and responsibility in health resource utilization
- better collect, analyze and utilize health information to assist in monitoring and evaluating that health system
- provide a better balance between community and institutional care delivery systems by targeting shifts to home and community-based services
- emphasize health promotion and disease and injury prevention and encourage healthy lifestyle decisions
- foster independence, self-care and mutual support
- increase research in the management of health services and technology assessment
- accept limits on provincial resources and restraints on health care expenditures to allow increased attention to other health determinants such as education, housing, employment and the environment
- realize an effective partnership between health service providers, health administrators, governments and health service consumers, to allow all Albertans to maximize their potential for healthy productive lives
- clarify the extent and limit of each provider's responsibility, to identify existing and potential linkages with the larger provider community and to facilitate the delivery of collaborative health services
- encourage the cost-effective employment and utilization of health personnel and appropriate distribution of health professionals

- support innovative approaches in delivering health services
- increase rationalization and regionalization of health services
- address not just the physical, but the emotional and mental health of Albertans.

Alberta's health system of the future will see less institutionalization and more home and community care; more judicious use of new technology and greater use of information technology; more prevention and less need for treatment.

The health system of the future will see more effective and cooperative use of all health professionals and fewer disciplinary boundaries; more attention to outcomes and results and less focus on input and activity; funding systems based more on goals and accountability and less on historic precedent or volume of services.

"The health of Albertans is our most precious provincial resource."

Council of Teaching Hospitals of Alberta

Alberta's health system will strive to keep Albertans healthy and independent in their own homes and communities for as long as possible, yet have readily accessible leading edge technology, medical procedures, professional expertise and drugs whenever treatment is required.

Alberta's health system will meet our goal of "healthy Albertans in a healthy Alberta", with all sectors of the health system, government and individual Albertans working together as Partners in Health.

SECTION II
Cabinet Task Force

EVALUATION OF THE RAINBOW REPORT

Following the release of the *Rainbow Report*, the Honourable Don Getty, Premier of Alberta, formed a Cabinet Task Force to review its findings and recommendations. This Task Force was made up of 12 Cabinet ministers and was chaired by the Minister of Health, the Honourable Nancy J. Betkowski. The Cabinet Task Force's job was to coordinate the evaluation of responses to the report from individual Albertans, various interest groups, and government departments which would be affected by the report's principles, directions and recommendations.

STANDARDS FOR EVALUATION

Five basic principles were used to evaluate the *Rainbow Report's* recommendations. These principles serve as the basis for all government decisions related to health care and will guide policy direction in the years to come:

1. Did the recommendations support universality and ready access to the health care system?
2. Did the recommendations provide for continued provision of basic health services and did the recommendations ensure that the definition of basic services would evolve in conjunction with future developments in medicine and science?
3. Did the recommendations ensure that Alberta's health system would provide services and reasonable access to all Albertans in need without placing financial restrictions on their access to health care?
4. Did the recommendations provide strong support for the concept of health promotion, emphasizing the importance of healthy lifestyle and prevention of disease or injury, in order to maintain the health and enhance the quality of life for Albertans?
5. Did the recommendations emphasize the importance of maintaining a healthy environment and a healthy economy in order to maintain a healthy Alberta?

METHOD OF EVALUATION

Public and interest group response to the *Rainbow Report* was significant. The Cabinet Task Force analyzed 200 submissions from individuals and 179 interest groups from across the province. The ideas, concerns, support and critiques contained in these submissions were used in evaluating the *Rainbow Report's* proposals and in developing specific initiatives related to the issues addressed in the report.

Each of the *Rainbow Report's* recommendations was given a government-wide review, involving 24 departments and agencies. Recommendations were evaluated according to how well they supported the five basic principles the Cabinet Task Force had adopted, and how practical they were to implement.

RESULTS OF EVALUATION

A number of things became quite clear as a result of the analysis of the *Rainbow Report* and the responses to it:

1. The general public, health care providers, and consumers agree on the principles of the health system which must be maintained.
2. The current health system is structurally sound, though it is in need of renovation if it is to meet the future health needs of Albertans.
3. Health care providers agree that improving the health system is not a matter of more money; it is a matter of better management.
4. A number of the initiatives which are either planned or already underway in Alberta Health and other government departments are in line with the recommendations in the Rainbow Report.

SECTION III

Major, Immediate Government Initiatives

IMMEDIATE RESPONSES OF GOVERNMENT

This section outlines five major and immediate initiatives the government is undertaking in response to the recommendations contained in the Rainbow Report:

1. The Health Unit/Health Facility Partnership Initiative venture.
2. The establishment of the Health Services Innovation Fund.
3. The establishment of the Alberta Family Life and Substance Abuse Foundation.
4. The commencement of a collaborative process for the development of health goals for Alberta.
5. The commencement of a major initiative among all health care partners to better coordinate the programs and services provided by acute and long-term care facilities, and the public health and mental health sectors. An important first step is the development of role statements.

These initiatives are either a direct result of the *Rainbow Report* or are in keeping with its overall direction.

HEALTH UNIT/HEALTH FACILITY PARTNERSHIP INITIATIVE

The government believes the health needs of Albertans are best served by providing a continuum of care. Ensuring this continuum depends on fostering and enhancing partnerships between health units, and long-term and acute care facilities. Therefore the government is providing $4.6 million in 1991/92 to strengthen the linkages between these three types of health care providers.

The more effective use of health facilities services will play an important role in the future of the health system. As a result, the government is allocating $1.8 million to support earlier discharge from health facilities.

An additional $1.8 million is being allocated to Home Care programs. These monies will be used to provide community-based services which support earlier discharge or lessen the need for an individual to be institutionalized.

"We support the encouragement of voluntary networking among health care agencies."

St. Joseph's Auxiliary Hospital

Palliative care will become an increasingly important part of the health system. A further $1 million has been allocated for enhancing the ability of local Home Care programs to provide services to people with palliative care needs.

Special attention will be given to the needs of individuals in situations where treatment aimed at curing disease or prolonging life is no longer appropriate. Priority will be given to enhancing community-based palliative care services which allow an individual to be cared for at home with the support of family and community. Improving coordination of programs, and services, and facilitating access to the most appropriate services when they are needed will also be a priority.

The changes to the health system which the Health Unit/Health Facility Partnership Initiative will help bring about are in keeping with the **people**, **choice**, **change**, **decisions**, and **opportunity** principles, and the community-based and collaborative approaches advocated in the *Rainbow Report.*

HEALTH SERVICES INNOVATION FUND

Beginning in the 1991/92 fiscal year, Alberta Health is planning and developing the Health Services Innovation Fund. This fund will provide support for research and evaluation of:

- health services
- organizational structures within the health system
- health status of Albertans
- health promotion and injury and disease prevention.

During the first year of the fund's existence, $1 million will be allocated to approved community-based demonstration projects. Particular emphasis will be placed on health promotion and disease and injury prevention initiatives.

Monies allocated through the fund may increase incrementally during the coming years. As the fund becomes fully developed it will be used to foster innovation in the organization and delivery of health services to increase quality and promote cost efficiency and effectiveness. Monies will also be used to foster innovative approaches to health promotion and disease and injury prevention in order to enhance the quality of life for all Albertans.

The Health Services Innovation Fund is an example of the government's commitment to working in partnership with health care professionals and the public. It is indicative of a long-term policy shift based on the need for collaboration and decision-making at the local level.

The changes to the health system which the Health Services Innovation Fund will help bring about are in keeping with the **people**, **choice**, **change**, **decisions**, and **opportunity** principles, and the community-based and collaborative approaches advocated in the *Rainbow Report*.

"Volunteer organizations and other community based groups with links to the health care community should be encouraged as active partners."

Canadian Diabetes Association (Alberta)

ALBERTA FAMILY LIFE AND SUBSTANCE ABUSE FOUNDATION

The Alberta Family Life and Substance Abuse Foundation will help bring about the *Rainbow Report's* vision of *"healthy Albertans living in a healthy Alberta"*. Six million dollars has been allocated for the Foundation this year. This is the first stage in a $200 million funding commitment for research and education projects which will help strengthen families and help limit alcohol and substance abuse. The reduction of alcohol and substance abuse is an important goal in the area of illness and injury prevention in Alberta.

"We applaud the increased emphasis placed on health promotion."

Office of the Dean, Faculty of Physical Education and Recreation, University of Alberta

The work of the Foundation will complement the effective programs which are being delivered by the Alberta Alcohol and Drug Abuse Commission and the work of the Premier's Council in Support of Alberta Families. The initiatives of the Foundation will be to strengthen Alberta families through the discovery and application of new knowledge about substance abuse, including the relationship between substance abuse and the family.

The Foundation's activities will include:

- the development and evaluation of new educational and public awareness programs on family life and substance abuse
- the development and evaluation of new methods for the treatment of substance abuse
- innovative basic and applied research projects on the relationship between family life and substance abuse and other innovative studies in the field of substance abuse
- the evaluation of proposed and current programs relating to family life and substance abuse
- development of an information base on family life and substance abuse in Alberta.

The Alberta Family Life and Substance Abuse Foundation will accomplish its work through collaboration with community agencies currently working in the areas of substance abuse and the family. The changes to the health system which the Foundation will help bring about are in keeping with the **people**, **choice**, **change**, **decisions**, and **opportunity** principles advocated in the *Rainbow Report*.

Development of Health Goals

In order to have a sustainable, affordable, appropriate and efficient health system, it is important to set priorities within an overall framework of accountability. Goal setting activities are a crucial step for focusing resources, providing direction for change, tracking progress, and evaluating programs and policies.

Health Goals and Objectives therefore serve a variety of purposes:

- to provide a basis for effective management and accountability
- to provide a framework for strategic planning
- to facilitate creative, dynamic coordination among all health partners
- to encourage a focus on the health status of Albertans and on health outcomes
- to increase the understanding Albertans hold in regard to health priorities and the directions of the health system.

The government believes that joint planning and collaboration are critical factors in the proper development of the priorities of the health system. Goal setting requires effective communication across the full spectrum of health service consumers and providers. Health goals should not be set in a vacuum. These goals must take into account the relationship between health concerns and broader social and environmental concerns.

During 1991, an Advisory Committee on Health Goals and Objectives, comprised of health services providers and Alberta Health representatives, planned and developed a process for setting provincial health goals. They also proposed broad health goals for the province. Their report was sent for comment to more than 500 stakeholder groups and individuals in Alberta. Focus groups, with health professionals and community representation, are now reviewing the report and working on specific objectives.

Their reports will form part of a further Health Goals document to be widely circulated in January, 1992. Regional town hall forums early in 1992 will continue the public and professional consultation process as a preface to a Provincial Conference on Health Goals and Objectives scheduled for Spring of 1992.

Development of Health Goals continued

The Health Goals and Objectives Project is a major government initiative to bring about changes in the health system in keeping with the **people**, **choice**, **change**, **decisions**, and **opportunity** principles, and the community-based and collaborative approaches advocated in the *Rainbow Report*.

"There is a need to establish provincial health goals and standards that are aimed at improving efficiency and effectiveness."

Calgary Board of Health

Role Statement Process

It is widely accepted that boundaries for various health programs and services overlap, and that there is at times minimal coordination at the local level among health care providers.

In response to these and other related concerns, it has been proposed that the province be divided into regions that would function as autonomous administrative areas. Some believe that this would allow the regions to respond more appropriately to needs at the local level, and to coordinate programs and services more appropriately.

While agreeing with the objective to make the health care delivery system more responsive to community needs, the government has chosen not to sub-divide the province into *Regional Health Authorities*. Instead, emphasis will be placed on clarifying the roles of the various provider sectors in the health system and establishing effective, interdependent service delivery partnerships.

To manage the process, the government has recently launched a collaborative initiative with the public health, mental health, long-term care and hospital sectors. This will result in the development of role statements for each provider, describing what each is funded to do and what role each partner plays in the health system. The objective is to clarify the extent and limit of each provider's responsibility, to identify existing and potential linkages with the larger provider community and to facilitate the delivery of collaborative health services.

This initiative will generate local solutions to local needs.

> ***"We must support the development of a regional planning process to involve community representatives and all relevant providers."***
>
> **Misericordia Hospital**

The role statement process will shift the debate from a focus on boundaries, to a search for cooperative initiatives to address the health needs of Albertans.

Public input will be sought by the government, participating organizations and facilities as this initiative progresses.

The changes to the health care system which the role statement process will help bring about are in keeping with the **people**, **choice**, **change**, **decisions**, and **opportunity** principles, and the community-based and collaborative approaches advocated in the *Rainbow Report*.

SECTION IV

Responses to Rainbow Report Recommendations

OVERVIEW

Section IV. of this report contains summaries of responses from the general public and interest groups to each of the *Rainbow Report's* 21 recommendations. These responses are followed by the response of the Government of Alberta to each recommendation.

Recommendation 1: Health Promotion

Therefore, we recommend that the Government of Alberta, using a phased-in approach starting in 1990, provide additional funds from within the Alberta Health budget for health promotion and illness/injury prevention, so that by April 1, 1995, the department is spending at least one percent more of its overall operating budget on these areas.

Public and Interest Group Responses

There is almost unanimous support for more initiatives and emphasis on health promotion, disease and injury prevention. Both community-based and institutional health care providers support this approach, provided there is no decline in the capacity to treat ill or debilitated Albertans. However, there is strong disagreement as to who should have authority for these initiatives and where funding should come from. In particular, hospitals are concerned about funding being redirected from existing services. Hospitals believe it is critical that new funding be found and their support appears to be contingent on there being no erosion of existing hospital funds in order to fund these initiatives.

> ***"It is key that health promotion has been identified but now it is necessary to focus on how we operationalize it."***
>
> **Alberta Council on Aging**

The broad range of service providers appear to agree about the setting of specific, outcome-oriented goals and objectives for the health system. They also agree that programs and activities should be assessed for effectiveness.

Government of Alberta Response

The government agrees that additional funds should be provided from within the Alberta Health budget for health promotion and illness/injury prevention. Additional funding will begin at $1 million in 1991/92. Incremental increases are expected thereafter from new or reallocated funds. The Health Services Innovation Fund is one vehicle for this increase in funding. The Alberta Family Life and Substance Abuse Foundation will also play a major role in health promotion and illness prevention. These two initiatives are discussed in detail in section III. of this report.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

The government strongly supports health promotion. An appropriate lifestyle and the avoidance of preventable disease or injury will help maintain the health and quality of life for Albertans. In keeping with this belief, the following government departments and agencies are currently engaged in health promotion activities and are planning new initiatives:

- Health
- Education
- Occupational Health and Safety
- Agriculture
- Recreation and Parks
- Alberta Alcohol and Drug Abuse Commission.

Recreation and physical activity are aspects of a healthy lifestyle. As a result, Alberta Recreation and Parks has been actively involved in health promotion for a number of years. It is currently examining ways of expanding its programs by working with other agencies. The Be Fit For Life Network, Alberta Centre for Well-Being, and Canada's Fitweek are examples of significant community-based initiatives underwritten in part by the Recreation, Parks and Wildlife Foundation.

"... we concur with the suggestion that government departments, schools, hospitals and other institutions should take a leadership role."

Registered Psychiatric Nurses' Association of Alberta

RECOMMENDATION 2: WORKPLACE SUPPORT

Therefore, we recommend that the facilities and departments of the Government of Alberta, including publicly-funded institutions such as schools, hospitals and post-secondary institutions, become role models of healthy environments and practices.

PUBLIC AND INTEREST GROUP RESPONSES

The number of submissions on healthy workplaces was limited. Support is contingent on government activities in partnership with other sectors. Partnership is seen as the best way of fostering collaboration and avoiding duplication of effort and under-use of current facilities.

Some concern is voiced that attention needs to be paid not only to the workplace but to the home environment as well. The need for a wide range of educational programs concerning healthy and safe living environments is cited.

GOVERNMENT OF ALBERTA RESPONSE

The government agrees that its facilities and departments should become role models of healthy environments and practices. A number of government departments, boards, and commissions are developing or expanding wellness programs which enhance both employee and organizational health in a holistic manner. The Personnel Administration Office is working with departments on the development of a flexible, holistic workplace wellness model and is currently providing encouragement, guidance and information about wellness resources to departments so they can expand and/or develop their own workplace wellness programs.

"The need for schools, hospitals, and post-secondary institutions to act as role models of healthy environments and practices is well recognized."

Fort Saskatchewan General Hospital

The development of employee fitness and lifestyle programs has been actively promoted by Alberta Recreation and Parks. The Department serves as a general contact point for those interested in employee fitness and lifestyle programs and supplies information on program rationale and start up. One program supported by the Recreation, Parks and Wildlife Foundation and delivered through the Be Fit For Life Network is the Employee Lifestyle Challenge Program. Selected Be Fit for Life Centres assist in the coordination of health promotion, fitness and lifestyle opportunities for employees of small and medium-sized businesses.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

The government will continue to encourage and assist employers in providing their employees with health promotion and illness/injury prevention programs and information, as well as physical fitness opportunities.

Recommendation 3: Information Systems

Therefore, we recommend that the Government of Alberta establish a committee in 1990 to develop a strategy for the implementation of a system to collect, transfer, store, and update individual health data which can be accessed through personal micro-computer devices.

Public and Interest Group Responses

There is general support among service providers for having access to more complete patient medical information. Providers raise technical concerns related to implementation costs, standards, and maintaining the confidentiality of client information.

> ***"Our board supports the need for an information system which allows various health care providers access to health information on the clients they serve... advances in technology provide enhanced opportunity for the storing of, and transfer of health related information."***
>
> **Claresholm General and Auxiliary Hospital and Nursing Home District Number 109**

Both consumers and providers raise concerns about the type of *smart card* referred to in the *Rainbow Report*. Some providers believe the *smart card* is designed to limit service to consumers. Consumers feel these cards are linked to cutting back on services and capping health care costs.

Government of Alberta Response

The government agrees that more and better information on individual health conditions for diagnostic, prescriptive and administrative purposes should be developed. Alberta Health is moving forward on the development of health information systems for this decade and beyond to support the basic intent of this recommendation. However, Alberta Health will not necessarily be tied to the particular type of card technology discussed in the *Rainbow Report*.

Alberta has also taken the lead at the Federal/Provincial level in developing a strategy for health information systems. This approach is designed to foster collaborative approaches to the development of common standards, common systems and data sharing across the nation. Some support for local pilots of information technology may be possible through use of the Health Services Innovation Fund. However, local projects will have to meet provincial guidelines concerning information sharing and protection of confidentiality.

RECOMMENDATION 4: EDUCATION

Therefore, we recommend that during regular curriculum review, matters pertaining to the health system be included in appropriate life skills management, social studies, and other courses in the school curriculum, and that the incorporation be concluded no later than 1995;

PUBLIC AND INTEREST GROUP RESPONSES

There is general support for consumer education on the use of the health system. Emphasis is placed on good access to information rather than on development of new education programs.

GOVERNMENT OF ALBERTA RESPONSE

The government agrees that health system information should be used to increase consumer knowledge and skill development. Alberta Education already provides curricular programs pertaining to the health system. Other information channels include electronic communication and direct distribution of information to consumers. One such channel which is being examined is a return to the practice of issuing Alberta Health Care Insurance Plan cost statements to plan users. At present, interested Albertans can receive such a statement on request.

A number of initiatives designed to increase the knowledge of the health care system of both students and the public at large are currently underway:

- Electronic communication through use of special data bases such as the Centre for Well-Being's Network of Networks, AADAC's E-ZOOT electronic bulletin board and the Suicide Information and Education Centre line.
- Coalition for School Health
- School curriculum programs emphasizing well-being and crisis intervention.

Alberta Recreation and Parks, in conjunction with the Recreation, Parks and Wildlife Foundation, strongly support healthy lifestyle programs for schools. Two examples are Project Apex and Schools Come Alive Project. Project Apex is a nutrition and physical activity program for grade 5 students. The Schools Come Alive Project introduces the concept of healthy, active lifestyles within Junior and Senior High Schools.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

These current efforts will be reinforced by the education and research programs undertaken by the Alberta Family Life and Substance Abuse Foundation. These programs will address two key elements: personal control and the critical impact of alcohol and substance abuse on an individual's life and on the family and society as a whole.

"May we suggest that sources other than just schools be sought to educate Albertans on responsible health choices and the appropriate use of the health care system, e.g. through the work place."

Improvement Districts Association of Alberta

SUB-RECOMMENDATION *4.4: INCENTIVES

that incentives be provided to Albertans to maintain a healthy lifestyle, and some form of reward be provided to those who use the health care system less than the norm.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

PUBLIC AND INTEREST GROUP RESPONSES

The idea of providing monetary or other incentives to reward good health is generally discounted as unworkable and inherently unfair. This recommendation is seen as an attempt to penalize the consumer who is not healthy and to cap health care costs. The very idea of providing incentives to be healthy, or to cause people to be healthy, is called into question. It is pointed out that many health problems cannot be attributed to the *fault* of the consumer. Many respondents stressed that good health is its own reward.

"Not every child is born into this society with the same propensity to health; nor do we feel that persons who are required to use the system more frequently be punished in any way for their attempts at improving their health."

Fort Macleod Health Care Centre

GOVERNMENT OF ALBERTA RESPONSE

The government will explore the possibility of providing incentives which encourage individuals to maintain healthy lifestyles. The Commission suggested that provincial health care insurance premiums might be reduced for persons such as non-smokers, non-drinkers, and people maintaining an appropriate weight. However, the government is mindful of the need to ensure that rewarding the healthy does not result in penalizing persons who have a legitimate need for insured health services.

The Commission suggested non-monetary incentives such as as replacing the passive annual medical with an active partnership between the consumer and the health care provider. Under this approach, a health care provider and an individual would work together to set health goals for the individual. A type of *Health Report Card* would then be used on an ongoing basis to measure the individual's progress toward meeting those health goals. The government endorses this concept and will seek means to encourage this type of health goal setting.

Recommendation 5: Ethics Centre

Therefore, we recommend that the Government of Alberta support the establishment of a provincial Ethics Centre by providing matching grants annually, up to and including 1995, to funds provided by academic institutions, religious groups, corporations, foundations, and individuals.

Public and Interest Group Responses

There is strong recognition that ethical issues raised by the development and delivery of health services need to be addressed. Interest groups generally support the idea of an Ethics Centre. However, service providers are focused on their own areas of interest and therefore do not point out the need for a coordinated approach to ethical issues.

> ***"We believe the research should be coordinated and done on a national or international scale. Since the same ethical considerations are current nationally and internationally, Alberta should not operate independently."***
>
> **Health Unit Association of Alberta**

Some providers are concerned about the adequacy of the recommended matching funding mechanism. They do not believe it will generate consistent funding from year to year. Other providers are concerned that an opportunity exists for special interest groups to set the agenda of the Centre.

Consumers generally see the Ethics Centre as providing a *dial-a-decision* type of service. As envisaged by the *Rainbow Report*, the proposed centre would actually frame questions related to ethical issues and provide general guidelines for dealing with them, but it would not handle individual immediate action requests.

Government of Alberta Response

The government supports the establishment of an Ethics Centre and planning for this initiative will begin in the 1991/92 fiscal year.

The Centre will provide education, consultation, and research related to ethics and decision-making in health care. Because these ethical issues are not unique to Alberta, there needs to be a coordination of effort, study, and research across Canada and North America. Therefore, the Centre will be encouraged to seek collaboration with similar organizations in Canada, and particularly Western Canada, with the expectation that it may eventually achieve self-sufficiency through multiple sources of funding.

Recommendation 6: Power of Attorney/Living Will

Therefore, we recommend that the Government of Alberta introduce legislation in 1990 which will enable Albertans to provide:

i) enduring power of attorney regarding financial and other matters; and

ii) advanced directives, also referred to as "living wills", regarding personal matters.

Public and Interest Group Responses

Overall, there is interest group agreement with the introduction of enduring power of attorney legislation but many questions are raised about advanced directives, or *living wills*, as they are commonly known. Some interest groups feel that legislation may not be the only way of dealing with the issues, while other interest groups would like to have input into any development of legislation on advanced directives.

Government of Alberta Response

In the 1991 spring session of the Legislative Assembly of Alberta the government introduced Bill 10 - *The Powers of Attorney Act* which received Royal Assent on June 25, 1991. Under this act a client may give an attorney the authority to continue to act for him or her even during periods of mental incapacity or infirmity. This power may be used for conditions affecting the client, or *donor*, directly, or conditions which affect the maintenance, education, benefit and advancement of the donor's spouse and dependent children.

The issues surrounding living wills are currently under study by the Alberta Law Reform Institute and the government is awaiting the results of this study.

"The concept of a Living Will is strongly supported."

Faculty of Medicine,
The University of Calgary

Recommendation 7: Family "Budgets"

Therefore, we recommend that the Government of Alberta explore the option of a system that provides all Albertans and/or their designates with the responsibility for disbursing, managing and monitoring the funds required for their health care needs.

Public and Interest Group Responses

Service providers and interest groups do not support the concept of personal health budgets. Much concern is raised about the potential use of electronic tracking systems to cap allocations to individuals or families and thereby limit access to health services.

> ***"What happens if someone in the family gets suddenly ill and the estimated amount of the so called 'smart card' has already been used up?"***
>
> **E. Aschenbrenner**

All those who commented on this recommendation question the real intentions behind the proposed system. They see it as expensive, punitive, and a serious attack on universal access to health care. Consumers see *Rainbow Report* recommendations 3, 7, and 8 as a package that will be used to cut back or cap provincial health care costs and restrict access to services.

Government of Alberta Response

The government does not support this recommendation. It is neither feasible nor desirable to implement a system which makes Albertans responsible for directly managing, spending, and monitoring the funds required for their health needs.

The government believes the intent of this recommendation can be accomplished through improved consumer awareness regarding the cost of health services. Doing so will assist Albertans, in conjunction with their care providers, in making informed choices about services.

Recommendation 8: Basic Service Definition

Therefore, we recommend that the Government of Alberta, in consultation with health care practitioners and consumers, define what it considers to be basic insured services covered by the Alberta Health Care Insurance Plan; and

Public and Interest Group Responses

Service providers and consumers focus on a narrow definition of basic insured services. They see them as the fee-for-service items which are currently covered by the Alberta Health Care Insurance Plan. Both service providers and consumers see the basic insured service designation as a guarantee the government will not cut back on services which are currently covered.

Health care professionals are either concerned with maintaining or expanding the insured services they provide. Hospitals and health units would like a definition of *basic services* which indicates the minimum level of services the government is prepared to fund for a health unit or hospital. Consumers are concerned with losing insured benefits. They view this recommendation, along with recommendations 3 and 7, as a package that will be use to cut back or cap provincial health care costs.

"Respondents to this recommendation fear the erosion of existing basic services in any new definition - the tampering with the criteria of 'comprehensiveness' as laid out in the Canada Health Act."

Kerby Centre

Government of Alberta Response

The government will continue to provide health insurance coverage for medically necessary services. However, the definition of basic services will be adjusted over time, in order to incorporate research findings, technological development, and the changing needs of the population.

SUB-RECOMMENDATION *8.1: SUPPLEMENTARY INSURANCE

that a supplementary health insurance plan for Albertans who want the option of additional services beyond the basics be established.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

PUBLIC AND INTEREST GROUP RESPONSES

There is little general interest in extending government insured health services to cover any new range of services or practitioners, or in providing insurance for new purposes through the provincial health care insurance system. Some currently excluded practitioner groups, however, want inclusion into the basic insurance system.

> ***"This recommendation is setting up a two-tiered health care system which we deplore."***
>
> **Senior Citizens' Central Council of Calgary**

Respondents generally reject a reduction in the current range of insured services, and there is some interest in designating public health and mental health services as *basic* in the sense of being guaranteed by legislation, whether or not they are part of the provincial insurance system.

GOVERNMENT OF ALBERTA RESPONSE

The government does not support the need for a government presence in expanded health insurance coverage. Private insurance companies currently offer extended health insurance to those Albertans who want it. Therefore, it is unnecessary for the government to become involved in providing such coverage.

Recommendation 9: Direct Payment by Consumers

Therefore, we recommend that the concept of personalized direct payment to people with special need for support be applied to current and potential community-based programs, so as to help reduce barriers and restrictions, while encouraging self-reliance and dignity.

Public and Interest Group Responses

There is some interest in allowing consumers more self-management, including the purchase of health related services in areas such as Home Care, provided that proper safeguards concerning standards and cost controls are in place.

Service providers cautiously support this recommendation. They raise the following concerns:

1. Who would qualify for direct payment?
2. What checks and balances would be in place to ensure the appropriate use of funds?
3. What assurance is there that individuals, both consumers and their guardians, would have the knowledge and information to make informed choices?
4. What assurance is there that a direct payment option would improve access to services?

"H.S.A.A. concurs with the recommendation for personalized direct payment to people with special needs, provided that a broad multi-disciplinary approach is taken to the development of programs to be supported."

Health Services Association of Alberta

Government of Alberta Response

The Premier's Commission recommendation on personal management of health funds by people with special needs complements the recommendations of the Brassard Committee report, *Claiming My Future*, and the *Action Plan* of the Premier's Council on the Status of Persons with Disabilities. The government is examining options that reduce barriers and restrictions in support programs for people with special needs. The Home Care Program is currently conducting a pilot project which is testing ways that individuals and groups can manage their own care. This approach is supported by Health, Family and Social Services, and the Premier's Council on the Status of Persons with Disabilities.

Recommendations 10. and 11: Health Advocate

Therefore, we recommend that the Government of Alberta appoint/select an Advocate for a Healthy Alberta to focus on the health status of Albertans as a whole; to review the efficiency, effectiveness, and suitability of our health system; and to set broad priorities; as well as to communicate on health matters with and to Albertans and the government; (Recommendation 10.) and

Furthermore, we recommend that a full review of the success of the Advocate for a Healthy Alberta be conducted by a provincial- national - international panel beginning April 1, 1995 and reporting to the Premier no later than March 31, 1996. (Recommendation 11.)

Public and Interest Group Responses

Response to the creation of an Advocate for a Healthy Alberta is generally negative. Respondents are concerned that such a position would create another level of bureaucracy which would not serve the interests of Albertans. In addition, many respondents see the powers and functions of the proposed advocate, such as planning, goal setting, and monitoring the health care system, as those which properly belong to the Minister of Health. Few respondents see such a transfer of power in a positive light.

> ***"We are tempted to ask 'What will the minister do whilst the advocate is at work?' "***
>
> **Leduc-Strathcona Health Unit**

An alternative to the appointment of an advocate is suggested by some respondents. They recommend that the government appoint a Patient Advocate or Health Ombudsman to assist individual citizens directly.

Government of Alberta Response

The government does not support the creation of an Advocate for a Healthy Alberta. The Minister of Health is charged with the responsibilities recommended for the Advocate. The government believes that it is inappropriate to delegate these responsibilities to another person or organization. Therefore, they will remain with the Minister of Health.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

The Premier's Commission ties the setting of goals to the role of the Advocate. Interest groups generally do not favour the establishment of an Advocate's Office, but they do emphasize the need to establish outcome-oriented goals which could be used to measure the effectiveness of the health care system. The government agrees that this is necessary. Therefore, it supports the establishment of outcome-oriented goals and will use those goals to measure the effectiveness of the health care system.

The joint establishment of goals requires cooperation among consumers, health service providers, and other interested government departments. This cooperative process is currently underway. Over 500 stakeholders and individuals, broadly representative of the health system in Alberta, are assisting Alberta Health with this activity.

"We believe that these are the current responsibilities of the Minister and Deputy Minister..."

Heart and Stroke Foundation

Recommendation 12: Regional Health Authorities

Therefore, we recommend that the province be divided into nine autonomous administrative areas within defined boundary structures, accountable through appropriately named Health Authorities.

Public and Interest Group Responses

The proposal to create autonomous Health Authorities received a greater response than any other recommendation in the *Rainbow Report*. As envisioned in the *Rainbow Report*, these Health Authorities would manage all, or nearly all, health services within specific geographic regions. They would absorb the functions of, and could eventually result in disbanding, the existing mix of health and service boards.

"This would only create another layer of bureaucracy and would mean less local involvement in decisions regarding health care for the people of our own areas."

Picture Butte Municipal Hospital

For the most part, the response to this recommendation is negative. Respondents are concerned about how a regional authority would be organized and what their roles in the new structure would be. The most commonly voiced arguments against regionalization are:

- the creation of another level of bureaucracy
- the reduction of local autonomy
- unworkable boundaries
- a radical change in the existing accountability mechanisms.

Though service providers reject this recommendation, they do agree with its intent. They support better coordination and planning within and between health service sectors on the basis of locally initiated arrangements.

PUBLIC AND INTEREST GROUP RESPONSES CONTINUED

A number of alternatives are suggested by respondents. Some of these would result in new boundaries for and/or amalgamation of existing service units. Suggested approaches which involve sharing, substituting and unifying services include:

- amalgamating governing boards
- sharing hospital and public health facilities to reduce costs and improve service delivery
- integrating health promotion, illness and injury prevention and treatment staff and services in new unit arrangements.

These suggested approaches are seen as a first step in helping health service providers develop a *total service concept*. This concept creates a focus on the consumer as a *whole person* and takes into account familial, societal, and environmental factors.

GOVERNMENT OF ALBERTA RESPONSE

The government does not support the formation of nine autonomous Health Authorities. However, it does endorse the need for coordination and cooperation on a regional basis and as a result, will continue to encourage cooperative planning.

Alberta Health and its partners in health service delivery, are examining the issues related to the most feasible mix and the priority with respect to the integration, rationalization and coordination of health services. Each option, or mix of options and organizational structure, has implications for the way services are planned, funded and delivered. The *Rainbow Report* recommendation for nine autonomous Health Authorities was only one such option. Local health service providers will be encouraged to examine innovative ways of organizing cooperatively in order to coordinate, rationalize and/or integrate health service planning and delivery.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

Edmonton and Calgary have planning councils in place. Health service providers in other areas of the province are also joining together to seek collaborative arrangements that will optimize the delivery of care to their constituents.

The immediate challenge for Alberta Health is to ensure a balance between local aspirations and visions with the government's overall long-term aims. Alberta Health is preparing a framework through its role statement initiative, that will encourage local initiatives, but which will also ensure that a compatible network of regional structures occurs.

Once a framework has been agreed upon, funding of pilot delivery arrangements will be the next step in the process. In addition to its current activities, the government may provide further support through the Health Services Innovation Fund.

The role statement processes underway for acute care, long-term care, community health, and mental health, will identify all health services which these systems provide through their agencies, offices, and facilities. Once this step is completed, common contact points and any overlap and duplication will be identified and boundaries will be worked out among the various parties. Through this participatory process, the boards providing local health services will be able to work out partnership arrangements which will provide services more efficiently and effectively.

Improved coordination of health services does not necessarily mean boundary lines on a map or new regulations regarding types of boards and types of staffing arrangements. Instead, the intent is to preserve the best in the current system, while at the same time enhancing its ability to efficiently and effectively meet the future challenges related to health and the prevention of illness.

GOVERNMENT OF ALBERTA RESPONSE CONTINUED

Improved coordination of the health system requires a balance among health issues, economic issues, and environmental issues. The best ideas for achieving this balance will come from the local level through voluntary, locally-driven partnerships, with special assistance as needed from the provincial government.

All sectors must work together to develop the principles and guidelines which address the formidable task of forming new arrangements to preserve valued services, initiate new necessary services, and confront the problems of escalating costs. Within provincial budgetary targets for health, the government believes that better coordination, less duplication, and smarter use of health resources are both a challenge and an obligation which can and will be met through cooperation among the partners in the health system, particularly at local levels.

"We reject the concept of regional Health Authorities. We propose that there be co-operation, collaboration, joint planning and sharing of services and resources by health agencies in areas to be determined by their proximity to local health care delivery services."

Chinook Health Unit

Recommendation 13: Priority of Health Care

Therefore, we recommend that the Government of Alberta declare health and health care as high priority services, including those which are defined as basic to the Alberta Health Care Insurance Plan, and thus ensure and protect budget allocations during periods of economic restraint; and

Public and Interest Group Responses

There is general agreement that health should be a government budget priority. However, there is also wide-spread agreement that this is already the case. Some respondents endorse the *Rainbow Report* suggestions for three to five year budget allocations. Other respondents note that health care costs are not out of control but merely reflect the diversity of new programs.

> ***"Longer range budget allocations would support long-range planning and in the end a better health system."***
>
> **Glenrose Rehabilitation Hospital**

Government of Alberta Response

The government will continue with its commitment to ensure health and health care are a high priority. Health's portion of the provincial budget reflects that commitment. Through the 1980's, gross provincial expenditure on health services has risen from 24% to 28% of total gross expenditure. This proportion demonstrates the strong and continuing commitment to quality health services, including home based programs such as Home Care and Aids to Daily Living, as well as the widespread availability of hospital services.

The challenge facing Alberta Health will be how to ensure that funding allocations reflect current health priorities. As an indication of its commitment to longer term planning the government has announced grant adjustments for hospitals and health units for two fiscal years (1991/92 and 1992/93).

SUB-RECOMMENDATION *13.1: DISBURSEMENT OF FUNDS

that Alberta Health disburse health and health care funds directly to individual Health Authorities which are responsible for provision of services, including appropriate methods of compensation, within their administrative areas.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

PUBLIC AND INTEREST GROUP RESPONSES

Sub-recommendation 13.1 relates to the recommendation to dispense funds on a global basis to the proposed regional health authorities. The response to this sub-recommendation is covered under the response to recommendation 12.

GOVERNMENT OF ALBERTA RESPONSE

The government does not support the creation of regional Health Authorities. Therefore, it rejects this recommendation.

> ***"We strongly disagree that health funds be disbursed directly to individual Health Authorities."***
>
> **Sundre General Hospital**

Recommendation 14: Health Research

Therefore, we recommend that the mandate of the Alberta Heritage Foundation for Medical Research be reviewed and expanded to include research into health care systems, health status, intervention outcomes, and promotion and prevention.

Public and Interest Group Responses

Service providers and other interest groups generally agree that more research into the effective delivery of health services is needed. There is no agreement on what kind of mechanism could be used to conduct this research. However, concern is expressed that current successes in bio-medical research not be jeopardized by diverting funds from this area.

"We strongly endorse the recommendation related to broadening the funding base for health research; there is a strong and urgent need for research targeted to community health programs and services."

Provincial Meeting of Community Health Administrators

Government of Alberta Response

The government agrees with funding research into the health system. The Health Services Innovation Fund is one mechanism for research and evaluation of health services and organizational structures, health status, and promotion and prevention. The Alberta Heritage Foundation for Medical Research will retain its leadership in biomedical research and will be a partner in health services research.

Recommendation 15: Technological Assessment

Therefore, we recommend that the Government of Alberta provide the resources to establish a mechanism to assess health technologies including the scientific, medical/clinical effectiveness, efficiency, and safety; the economic necessity and effectiveness, including direct and indirect costs; and the social and psychological impact, including possible legal and ethical dilemmas; and

Sub-recommendation *15.1: Alberta Research Council Mandate

that the mandate of the Alberta Research Council be expanded to coordinate/provide such comprehensive and continuous assessment of technologies, with particular emphasis on health technology.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

Public and Interest Group Responses

Responses to technology issues centre around cost effectiveness and the need for information sharing. Respondents also cite the need to develop world-wide markets for health technology developed in Alberta.

Several interest groups express the concern that health technology must be assessed on a broad basis. These groups want technology assessment to include ethical issues and the public's interests and not just economic development and cost control.

> ***"... the involvement of the Ethics Centre(s) in this area is critical."***
>
> **Catholic Health Association of Alberta**

Most respondents favour a role for the Alberta Research Council (ARC) in health technology assessment. However, they do not support giving the ARC exclusive rights to this area. Most respondents see the role of the ARC as that of guiding technology transfer. [**Note:** The ARC's role in technology transfer usually involves the development of prototypes which can then be marketed through cooperative arrangements between Alberta Economic Development and Trade and the private sector.]

Recommendations 15: Technological Assessment and Sub-recommendation '15.1: Alberta Research Council Mandate

Government of Alberta Response

The government accepts the need to establish a new mechanism and wide-ranging criteria for assessing health technology. The Alberta Research Council (ARC) and Alberta Health have agreed to the establishment of a health technology assessment body, reporting to the Minister of Health.

This health technology assessment body will review findings in Alberta, Canada and the world with respect to technology evaluation, and will then make recommendations for appropriate responses in Alberta. It will also encourage Alberta researchers to undertake studies where technology assessment is required and no research studies appear to exist. This body will also provide the formal mechanism for dealing with the National Coordinating Office for Health Technology Assessment.

Issues related to technology assessment and application may also be referred to the Provincial Ethics Centre for review.

"With the increasing growth of technology there is a definite need to evaluate each one carefully for its short and long term effects."

City of Lethbridge Health Unit

Recommendation 16: Recognition of Excellence

Therefore, we recommend that the meritorious service, outstanding performance, and development of innovative procedures by those working in the health care system be recognized and rewarded; and

Public and Interest Group Responses

Respondents express concern about the effect which collective agreements might have on merit awards and other forms of achievement recognition.

Government of Alberta Response

The government agrees that health service providers should receive recognition for outstanding achievement and will examine methods for doing so. It also encourages all parties to collective agreements to examine those agreements to determine if they are compatible with the recognition of individual achievement.

> ***"... recognition of meritorious service, outstanding performance, and development of innovative procedures are all components of what most would conceive to be good management practice."***
>
> **Alberta Health Care Association**

SUB-RECOMMENDATION *16.1: COLLABORATIVE DECISION-MAKING

that health care providers be more involved in the decision-making process regarding provision of health programs and services; and

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

PUBLIC AND INTEREST GROUP RESPONSES

Provider groups generally accept the need for improved working relationships, and management/staff participation in decision making. Some comments relate to the frustration many provider groups feel regarding their perception that the government has not resolved what constitutes *essential services* and has not helped create a mutually acceptable negotiating process.

GOVERNMENT OF ALBERTA RESPONSE

The Premier's Nursing Initiatives will have received a total of $30 million by the end of the 1992/93 fiscal year and are a significant contribution to the support of nursing personnel. These initiatives resulted from the Premier's Commission on Future Health Care for Albertans interim report, *Caring and Commitment: Concerns of Nurses in the Hospital and Nursing Home System*, which was issued in June of 1988. These initiatives are designed to help nurses upgrade their skills, allow them greater involvement in decisions concerning the health system, and to identify and address current and future concerns related to the work life of nurses in Alberta.

The government will continue to look at ways to best involve health service providers in decisions concerning the provision of health programs and services.

"We are pleased that Registered Nurses in major government hospitals have already elected one of their own to sit on the Hospital Board, to be involved in decision-making."

Catholic Women's League of Canada (Calgary Diocesan Council)

Sub-recommendation #16.4: Safe, Healthy Work Environments

that institutions of care ensure that the work environment is safe, secure and healthy, with procedures in place to deal with hazardous or crisis situations.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

Public and Interest Group Responses

There is wide support for the promotion of healthy work environments. However, respondents note that the *Rainbow Report* is quite vague on how to go about achieving this goal.

Government of Alberta Response

The government agrees that institutions of care must provide work environments which are safe, secure and healthy. There must also be procedures in place for dealing with hazardous or crisis situations. The government will continue to work with health care organizations to ensure that this is the case. New initiatives in hospital-waste management are indicative of this commitment.

> ***"It is essential that policies and procedures ensuring a safe environment be implemented in all work places."***
>
> **Big Country Health Unit**

Recommendation 17: Training

Therefore, we recommend that course content emphasize relationships and roles of different members of the health care professions in the areas of common concern and practice, focus on the complementary nature of the professions, and provide instruction in conflict and stress management.

Sub-recommendation 17.2: Ethics Instruction

that Alberta Advanced Education provide course development funds, and that appropriate faculties re-allocate their resources, to offer by 1993, ethics courses to all students enrolled in health-disciplines programs.

Public and Interest Group Responses

Consumers generally question whether the *Rainbow Report* recommendations will actually promote teamwork among the health care professions.

Professional organizations generally support ethics instruction, but some caution that ethics should be a focus in the curriculum. They indicate that ensuring ethical behaviour requires more than simply offering a course in ethics. Concerns are also expressed about the cost of developing this kind of instruction and fitting it in with other training courses.

> ***"... the real learning of ethical issues does not occur in the classroom."***
>
> **Alberta Medical Association**

Government of Alberta Response

The government will continue to support efforts which ensure the content of courses used for training health providers reflects the current realities of health service delivery. The government agrees that courses should emphasize the complementary nature of the roles of the various health professionals. Areas of common concern should be focused on and methods for effective teamwork and conflict resolution should be taught. Nursing and other health-related programs in Alberta public post-secondary institutions currently address multidisciplinary working arrangements and students are able to obtain a reasonable amount of practice in this area. This topic includes conflict and stress management, and ethics.

Alberta Advanced Education has a policy to establish inter-provincial training agreements when required training is not available in Alberta but is offered in another province. Additional inter-provincial agreements can be considered in instances where out-of-province training is required to increase the supply of professionals. Alberta Advanced Education also consults extensively with other western and Canadian provinces and will continue to emphasize greater inter-provincial cooperation, particularly in specific health disciplines.

Recommendation 18: Human Resources Planning

Therefore, we recommend that the health manpower needs of the Health Authorities be reviewed following the identification of their local priorities to ensure sufficient numbers of providers of the required mix are being attracted to and trained in the appropriate health disciplines.

Public and Interest Group Responses

Provider groups support increased efforts to coordinate human resource planning and support. This is particularly true for recruitment and retention of health staff for smaller centres and rural areas. But they warn that the educational system will never be flexible enough to allow immediate shifts in emphasis in training programs.

Respondents also indicate that human resource planning alone will not ensure either adequate numbers or the right mix of health care providers. They point out that the health care professions must also be seen as attractive career choices. They also note that the *Rainbow Report* does not specify any process for coordinating the human resource planning process.

> ***"Funding must be made available to train those health care providers needed and to keep them in Alberta."***
>
> **Alberta Chapter, College of Family Physicians of Canada**

Government of Alberta Response

By working with appropriate organizations and associations, the government will continue to ensure that sufficient numbers of the various types of health professionals are trained in the appropriate disciplines and are accessible to all parts of the province.

Alberta Health is funding the Rural Physicians Action Plan at an approximate cost of $2 million in 1991/92. This plan integrates initiatives addressing education, working conditions and financial issues affecting rural physician recruitment and retention. As well, the government will be developing and implementing additional programs to ensure other types of health professionals are readily available in rural areas of Alberta. A human resource consultation process will be developed which will be used to identify province-wide health staffing needs and to plan training programs.

Recommendation 19: Health and Environmental Code

Therefore, we recommend that the Government of Alberta develop an Alberta Code of Health and Environmental Ethics no later than 1992, by reviewing current policies and introducing new legislation, regulations and procedures to ensure that the health impact on Albertans is given full and equal consideration in matters of economic development and diversification, and job creation; and

Public and Interest Group Responses

Respondents generally agree that ensuring *"healthy Albertans living in a healthy Alberta"* requires a balance among individual health, environmental health, and economic health. However, responses are limited, and few mechanisms are proposed for achieving this balance. [**Note:** This lack of feedback on what is perceived from other studies as a major public issue suggests that the public and interest groups have not clearly connected environmental issues with health issues, although both issues are viewed as significant within their own spheres.]

"It is now widely recognized that environmental health embraces more than the original public health concept of disease control through the application of sanitary science, and many issues are complicated by economic and political priorities."

Edmonton Board of Health

Government of Alberta Response

Alberta Environment contributes to the health and quality of life of Albertans through its continued protection and enhancement of Alberta's water, air, and land. Alberta Health will be giving increasing priority to its environmental health responsibilities and will be assigning additional resources to meet those responsibilities. A strategic planning report was commissioned in 1990 and the department is currently reviewing its recommendations. During 1991, the department, along with health units, other government departments, and stakeholder groups, will determine what personnel, expertise, and resources will be needed to respond to an increased responsibility for environmental health.

SUB-RECOMMENDATION *19.1: ENVIRONMENT COUNCIL MANDATE

that the mandate of the Environment Council of Alberta be strengthened and expanded to include greater autonomy, more authority, and more responsibility in the area of the impact of the environment on health.

[*Asterisk denotes response to specific sub-recommendations. In most cases sub-recommendations are covered under the general response.]

PUBLIC AND INTEREST GROUP RESPONSES

The majority of those who commented recommend that the public health sector, rather than the environmental agencies, be given the authority to carry out these responsibilities.

GOVERNMENT OF ALBERTA RESPONSE

A review of the mandate and role of the Environment Council of Alberta has been completed. Bill 23, the *Environment Council Amendment Act, 1991*, was introduced in the spring session of the Alberta Legislature and was given royal assent on June 25, 1991. This act makes the Council more proactive, more focused on long-term strategy, and more open to a broader range of public involvement. The individual roles of Alberta Environment, the Environment Council, and Alberta Health in relation to environmental impacts on health are currently being defined.

A healthy environment and a healthy economy are the cornerstones of a healthy Alberta. Good health is not served either by a decline in environmental quality or a loss of jobs. Therefore, the government accepts the need to give health greater consideration in matters of economic development and diversification. This unequivocal commitment removes the need for a formal Code of Health and Environmental Ethics.

"As a province we have recognized the value of a healthy economy but this cannot be obtained at the expense of a healthy environment."

Premier's Council on the Status of Persons with Disabilities

Recommendation 20: Environmental Technology

Therefore, we recommend that the Government of Alberta encourage further research, development and assessment of technology, by both government agencies and the private sector and cooperatively, in environmental health and protection for application to Alberta industry.

> ***"Our Association supports the recommendation to encourage further research into environmentally friendly technologies."***
>
> **Alberta Association of Municipal Districts and Counties**

Public and Interest Group Responses

The limited responses received support this recommendation. However, respondents provide very little comment on the specifics of the *Rainbow Report* recommendations.

Government of Alberta Response

The government accepts the principles on which the recommendations regarding the use of research and technology to enhance the environment are based. Therefore, it will give priority to developing practical ways to reduce, re-use, and recycle materials and waste. Government will work more closely with municipalities to achieve this objective. The Action On Waste Program is a major initiative in this area. This program involves six government departments:

- Economic Development and Trade
- Environment
- Technology, Research and Telecommunications
- Public Works, Supply and Services
- Municipal Affairs
- Health.

Recommendation 21: Healthier Choices

Therefore, we recommend that healthy choices be made easier choices - for either or both consumers and manufacturers - because they have been made cheaper through incentives where appropriate.

Public and Interest Group Responses

The limited response supports the principle of increasing healthy consumer choices, but there is very little comment on the specifics of the *Rainbow Report* recommendations.

Government of Alberta Response

The government is working with other parties to provide an overall structure for helping create healthier choices. Initiatives are underway in:

- Alberta Public Works, Supply and Services (procurement policies)
- Alberta Municipal Affairs and Alberta Environment (Provincial Waste Management Task Force)
- Alberta Food Processing Centre.

The government is taking steps to ensure healthier choices are made easier choices by increasing product awareness and by working to make environmentally friendly products more accessible.

> ***"Consumers need accurate research information on environmentally friendly products and incentives to purchase them."***
>
> **Wetoka Health Unit**

PARTNERS IN HEALTH

Appendices

APPENDIX I: INDIVIDUAL RESPONDENTS

The following individuals responded to the statements, conclusions, and recommendations contained in the Rainbow Report.

Amiot, F. (Mr.)
Amsterdam, B. (Ms.)
Armstrong, Wendy (Ms.)
Aschenbrenner, E.M. (Ms.)
Bayer, Phyllis (Mrs.)
Becker, Angela (Mrs.)
Berscheid, Frances (Miss)
Berube, R. (Mr.)
Biggs, Dorothy (Ms.)
Biggs, Jacqueline (Ms.)
Block, A. (Ms.)
Blue, Margaret (Mrs.)
Bortolotto, James (Dr.)
Bosch, Pauline (Mrs.)
Bosse, Ivan (Mr. and Mrs.)
Boston, Phillip P. (Mr.)
Boucher, Joseph (Mr. and Mrs.)
Boucher, Marilyn (Ms.)
Broemeling, Rebecca (Mrs.)
Brown, Earl (Mr. and Mrs.)
Brown, Mary (Ms.)
Brummelhuis, Siny (Ms.)
Buck, John (Mr. and Mrs.)
Burt, Helene (Ms.)
Bystrom, Ida (Mrs.)
Cadre, B. (Mrs.)
Campbell, C. (Dr.)
Carter, Ronald J. (Dr.)
Casselman, Alan (Mr.)
Clark, Merrill (Mr.)
Clarkson, Darrell (Mr. and Mrs.)
Cosby, Viola S. (Ms.)
Crockett, Leo (Mr. and Mrs.)
Dacyk, Stan (Mr. and Mrs.)
Dammeyer, Bill (Mr. and Mrs.)
Dayes, Cliff (Mr.)
de St. Croix, Beverley (Ms.)
de W. Griffith, Clare (Ms.)
Deak, Thomas E. (Mr.)
Dereski, Jan (Mrs.)
Dickson, Rita H. (Ms.)
Dills, M.C. (Ms.)
Doolittle, Jay (Mr.)
Dutton, James W. (Dr.)
Earle, G. (Mr.)
Elinsky, Richard (Mr.)
Fillion, K. (Mrs.)
Floen, Grace (Ms.)
Flynn, Simonne (Mrs.)
Foster, Ida (Mrs.)
Fredell, Linda J. (Ms.)
Friend, Vella (Ms.)
Frison, Marie (Ms.)
Funk, Lois (Ms.)
Fustey, Pearl (Miss)
Gabert, Richard N. (Mr.)
Gagnon, Alberta (Ms.)
Ginther, A.M. (Mr.)
Goodzeck, Golda (Ms.)
Grant, Lore (Ms.)
Green, Stella (Mrs.)
Greenway D. (Mr. and Mrs.)
Grisdale, Lloyd (Dr.)
Gylander, Nils D. (Mr.)
Hagen, Michael (Mr.)
Haiden, Geoffery (Mr.)
Hallett, Holly (Mrs.)
Hamilton, Apryl (Ms.)
Harris, M. (Ms.)
Harley, Mavis (Ms.)
Haslett, Benita (Ms.)
Hastings, Shirley (Ms.)
Hause, Judy (Ms.)
Hebert, Jack (Mr.)
Heffner, Philis (Ms.)
Hill, Anne (Ms.)
Hill, F. (Ms.)
Hussey, Barbara (Ms.)
Iverson, L.D. (Ms.)
Jahn, Karen (Ms.)
Jensen, Elmer (Mayor)
Johnson, Robert , Kelly (Mr.)
Joshi, Atul V. (Mr.)
Kanwal, Paramjit S. (Mr.)
Kavulok, Louise (Ms.)
Kennedy, Carole (Ms.)
Kennedy, Caroll (Ms.)

Kennedy, Sheila (Mrs.)
Kenney, J.R. (Mr.)
Khan, Sharaz (Ms.)
Klix, Erich E. (Mr.)
Koch, Helmut (Dr.)
Koroscil, Jerry (Mr.)
Lyon, George W. (Mr.)
Lys, Terry (Mr. and Mrs.)
Lennon, Lewis (Mr.)
Lewkonia, R.M. (Dr.)
MacLean, Jerry (Mr.)
Mahr, Darrell (Mr.)
Mayer, Clifford (Mr. and Mrs.)
Mayner, Freda (Ms.)
McDonnell, Rose (Ms.)
McKinlay, Sylvia (Ms.)
McIvor, Bernice (Ms.)
McLaughlin, W.W. (Mr. and Mrs.)
McLeod, M. (Mrs.)
McLeod, Randall (Dr.)
McNamee, Elizabeth (Mrs.)
McPherson, Neil (Mr.)
McWilliams, Maureen (Ms.)
Meninger, Agnes (Ms.)
Milaney, Chris (Ms.)
Miller, Jackie (Ms.)
Moquin, Yolande (Ms.)
Moranz, T. (Mr.)
Morrison, Heather C. (Ms.)
Muendel, Pat Moder (Ms.)
Mulvey, M. (Mr.)
Murji, Hekam (Mr. and Family)
Murray, John (Mr. and Mrs.)
Kowalchuck, Gene (Mr. and Mrs.)
Kowalski, B. (Ms.)
Kumar, Shrawan (Ms.)
Lafontaine, Leo (Mr.)
Landers, Evelyn (Ms.)
Latham, E. (Ms.)
Law, Christine (Ms.)
Leontz, Becky (Ms.)
Lesoway, Nick (Mr. and Mrs.)
Lewis, Shirley A. (Ms.)
Lorieau, Lucien (Mr. and Mrs.)
Louth, Loraine (Ms.)
Nadon, Oscar (Mr. and Mrs.)
Nelson, Karin (Ms.)
Nelson, Pamela (Mrs.)
Norden, Fran (Ms.)
Olinek, Nick (Mr. and Mrs.)
Page, Marcel (Mr.)
Patel, Bharat (Mr.)
Pawluk, John (Mr. and Mrs.)
Pickle, Don (Mr.)
Pollo, Angeline (Ms.)
Peterson, B. (Mrs.)
Qureshi, Obaid R. (Mr.)
Ramage, Sylvia (Mrs.)
Rancier, Vernon G. (Mr. and Mrs.)
Reid, L. (Dr.)
Robson, Ellie (Ms.)
Rocque, Roland F. (Mr.)
Rondeau, Edward (Mr.)
Sanders, S.B. (Dr.)
Savard, D.D. (Mr.)
Sawatzby, Rachel (Mrs.)
Schaffer, R. (Mrs.)
Shackelton, J.E. (Mr.)
Shah, Dipale (Mr.)
Sheldon, Elizabeth M. (Mrs.)
Smith, Con (Mr. and Mrs.)
Smith, Susan (Ms.)
Soroka, John (Mr. and Mrs.)
Stannard, Dave (Mr.)
Stard, Judy (Ms.)
Stephanson, S. (Mr.)
Stolearcius, R. (Mr. and Mrs.)
Tailor, Mahendra (Ms.)
Teasdale, Glen H. (Mr.)
Tercier, M.L. (Mr.)
Thomas, Shirley (Ms.)
Topping, Sharon (Ms.)
Vair, Elaine (Ms.)
Veilleux, D.M. (Mr.)
Vermegen, J. (Mr. and Mrs.)
Viel, Barbara (Ms.)
Visser, Debbie (Ms.)
Walsh, Susan (Ms.)
Warke, John (Mr. and Mrs.)
Waschuk, Nellie (Ms.)
Wass, Keith (Mr. and Mrs.)
Wessel, Madelinne (Ms.)
Whelan, M. (Mr.)
Williams, L. (Mrs.)
Wilson, Irene H. (Ms.)
Witzstiuk, W. (Mr. and Mrs.)
Wolfe, Rita (Ms.)
Woodcock, M.A. (Mr. and Mrs.)
Yaremichuk, Michelle (Miss)
Zondag, Carrol (Mrs.)

The following organizations responded to the statements, conclusions, and recommendations contained in the Rainbow Report.

Adult Development Centre, Regional Day Centre Society of Edmonton

AIDS Calgary Awareness Association

Alberta Association of Emergency Medical Services Physicians

Alberta Association of Homemaker Services

Alberta Association of Municipal Districts and Counties

Alberta Association of Registered Nurses

Alberta Association of Social Workers

Alberta Association of Milk, Food and Environmental Sanitarians

Alberta Committee of Disabled Citizens

Alberta Community Health Nurses Society

Alberta Council on Aging

Alberta East Central Health Unit

Alberta Federation of Labour

Alberta Health Care Association

Alberta Hospital Association Northeast Regional Conference and Edmonton Regional Conference

Alberta Hospital Edmonton

Alberta Hospital Ponoka, School of Nursing

Alberta Long Term Care Association

Alberta Medical Association

Alberta Multicultural and Native Health Association

Alberta New Democrats

Alberta Occupational Health Nurses Association

Alberta Occupational Health Society

Alberta Occupational Health and Safety Council

Alberta Pharmaceutical Association

Alberta Physical Therapy Association

Alberta Public Health Association

Alberta Registered Dietitians Association

Alberta Strip Miners Union Local 1595

Alberta Union of Provincial Employees

Alberta Vocational College, Calgary, Edmonton, Lac La Biche, and Lesser Slave Lake

Alberta West Central Health Unit

Altimira Capital Corporation

Association for the Hearing Handicapped

Association of Human Services in Alberta

Athabasca General and Auxiliary Hospital

Athabasca University

Barrhead General and Auxiliary Hospital and Nursing Home District No. 67

Big Country Health Unit

Boyle-McCauley Health Centre

Breton General Hospital

Calgary Alternative Support Services Inc.

Calgary and District Dental Society

Calgary Association of Self Help

Calgary Board of Health

Calgary Board of Health (City of Calgary Community Response)

Calgary Board of Health (Staff Nurses Association)

Calgary Catholic Immigration Society

Calgary District Hospital Group (Rockyview General/Holy Cross/Colonel Belcher Hospital)

Canadian Chemical Producers Association

Canadian Diabetes Association (Alberta)

Canadian Health Care Guild

Canadian Mental Health Association (Alberta Division)

Catholic Health Association of Alberta (Alberta Catholic Hospitals Foundation/Bishops of Alberta)

Catholic Women's League of Canada (Calgary Diocesan Council)

Centre for Well-Being (Alberta)

Chinook Health Unit

City of Lethbridge Health Unit

Claresholm General and Auxiliary Hospital and Nursing Home District No. 109

College of Chiropractors of Alberta

College of Family Physicians of Canada (Alberta Chapter)

College of Physical Therapists of Alberta

College of Physicians and Surgeons

Community Health Nursing Administrators (Provincial Meeting/South Peace Health Unit/Community Health)

Community Health Nutrition Program Managers (Alberta Health Units)

Consort Municipal Hospital District No. 22

Coronation Municipal Hospital

Council of Teaching Hospitals of Alberta

Devon General Hospital District No. 62

Drumheller Health Unit

Easter Seal Ability Council

Eckville Family and Community Support Services Associations

Edmonton and District Nurse Administrators' Committee

Edmonton Area Hospital Advisory Council

Edmonton Board of Health

Executive Nurses' Association of Alberta

Family Health Magazine

Family Services Association of Edmonton

Foothills Health Unit

Foothills Hospital - Calgary

Foothills Hospital School of Nursing

Fort Macleod Health Care Centre

Fort McMurray Regional Hospital

Fort McMurray and District Health Unit Board

Fort Saskatchewan General Hospital

General Auxiliary Hospital and Nursing Home District No. 32

Glenrose Rehabilitation Hospital

Grande Prairie Regional College

Grant McEwan Community College

Hanna Health Care Complex and Big Country Health Unit

Head Injury Association of Alberta

Health Sciences Association of Alberta

Health Unit Association of Alberta

Heart and Stroke Foundation of Alberta

High Prairie Regional Health Complex

Improvement Districts Association of Alberta

Independent Physical Therapists Association of Alberta

Jasper National Park Health Unit

Kahanoff Foundation (The)

Kerby Centre - Calgary

Keyano College

Killam Health Care Centre (Killam Auxiliary Hospital/Killam General Hospital)

Leduc-Strathcona Health Unit

Lethbridge Community College

Liberal Opposition

Mannville Hospital

Medicine Hat College

Memorial University of Newfoundland

Misericordia Hospital (Chief Director/ Laboratory Medicine)

Misericordia Hospital (President)

Misericordia Hospital School of Nursing

Mount View Health Unit

North Eastern Alberta Health Unit

Northern Alberta Institute of Technology

Nova Corporation

Office of the Archbishop of the Catholic Archdiocese of Edmonton

Peace River Health Unit No. 21

Peace River Interdepartmental Psychiatric Planning Committee

Picture Butte Municipal Hospital

Premier's Council on the Status of Persons with Disabilities

Primary Health Care Society of Edmonton

Public Health Advisory and Appeal Board

Red Deer College

Red Deer College - Nursing Department

Red Deer Regional Health Unit

Redwater General Hospital Board

Registered Psychiatric Nurses' Association of Alberta

Schizophrenia Society of Alberta

Senior Citizens' Central Council of Calgary (Health Committee)

Seniors Advisory Council for Alberta

Sexual Health Program Managers' Committee

Slave Lake, Town of

Southern Alberta Institute of Technology

South Peace Health Unit

Southeastern Health Unit

Southeastern Community Resource Centre

Sport Medicine Council of Alberta

Staff Nurses Associations of Alberta

Stettler General and Auxiliary Hospital and Nursing Home, District No. 20

Strathcona County (Office of the Reeve)

Strathcona Hospital District No. 109

Sturgeon General Hospital

Sturgeon Health Unit (Health Promotion Program Managers)

St. Joseph's Auxiliary Hospital

St. Mary's Hospital - Governing Board

St. Paul General and Auxiliary Hospital and Nursing Home District No. 36

Sundre General Hospital

Taber and District Health Care Complex

Technical Resource Centre

University Hospitals Board (University of Alberta)

University of Alberta (General University Response)

University of Alberta (Faculty of Medicine, Environmental and Occupational Health Programs)

University of Alberta (Faculty of Physical Education and Recreation - Office of the Dean)

University of Alberta (Centre for Gerontology - Department of Psychology)

University of Alberta (Faculty Of Dentistry)

University of Alberta (Faculty of Medicine)

University of Alberta (Department of Foods and Nutrition)

University of Alberta (Department of Health Services Administration and Community Medicine, Epidemiology Working Group)

University of Alberta (Faculty of Rehabilitation Medicine)

University of Alberta (Joint - Faculties Bioethics Project)

University of Alberta Hospitals (School of Nursing)

University of Calgary (Faculty of Medicine)

University of Calgary (Faculty of Medicine - Department of Family Medicine)

University of Calgary (Faculty of Nursing)

University of Lethbridge (Faculty of Education)

University of Lethbridge (School of Nursing)

VCS Technologies Inc.

Vegreville Health Unit

Vermilion Health Care Complex/Minburn - Vermilion Health Unit

Victorian Order of Nurses (Alberta Division)

Wetoka Health Unit

Wild Rose Foundation

YWCA - Calgary (Social Issues Committee)

Appendix III: Government and Agency Respondents

The following government departments and agencies responded to the statements, conclusions, and recommendations contained in the Rainbow Report.

Alberta Agriculture

Alberta Alcohol and Drug Abuse Commission

Alberta Attorney General

Alberta Advanced Education

Alberta Economic Development and Trade

Alberta Education

Alberta Environment

Alberta Family and Social Services

Alberta Health

Alberta Heritage Foundation for Medical Research

Alberta Labour

Alberta Municipal Affairs

Alberta Occupational Health and Safety

Alberta Personnel Administration Office

Alberta Professions and Occupations Bureau

Alberta Public Affairs Bureau

Alberta Public Works, Supply and Services

Alberta Recreation and Parks

Alberta Research Council

Alberta Technology, Research and Telecommunications

Alberta Treasury (Provincial Treasurer)

Environment Council of Alberta

Executive Council

Workers' Compensation Board - Alberta

The *Rainbow Report* contains 21 major recommendations, as well as 67 sub-recommendations. Except where indicated, this report responds only to the major recommendations. Responses to individual sub-recommendations are normally contained in the responses to the major recommendations.

For ease of reference, this appendix contains the full text of all recommendations and sub-recommendations contained in the *Rainbow Report*.

RECOMMENDATION 1: HEALTH PROMOTION

1.0 THEREFORE, WE RECOMMEND that the Government of Alberta, using a phased-in approach starting in 1990, provide additional funds from within the Alberta Health budget for health promotion and illness/injury prevention, so that by April, 1995, the department is spending at least one per cent more of its overall operating budget on these areas;

1.1 that specific areas for improvement be identified annually as priorities and targeted for community-based promotion, protection and prevention programs; and

1.2 that goals be set for such programs, and that their effectiveness be measured in order to retain funding.

RECOMMENDATION 2: WORKPLACE SUPPORT

2.0 THEREFORE, WE RECOMMEND that the facilities and departments of the Government of Alberta, including publicly-funded institutions such as schools, hospitals and post-secondary institutions, become role models of healthy environments and practices;

2.1 that employers be encouraged to provide health promotion and illness/injury prevention information and assistance, and physical fitness facilities or opportunities as standard benefits of employment; and

2.2 that Alberta Advanced Education provide course development funds to enable faculties of education to offer health as a major or minor field of study to educators attending Alberta's universities.

RECOMMENDATION 3: INFORMATION SYSTEMS

3.0 THEREFORE, WE RECOMMEND that the Government of Alberta establish a committee in 1990 to develop a strategy for the implementation of a system to collect, transfer, store, and update individual health data which can be accessed through personal micro-computer devices;

3.1 that the committee be represented by Alberta Health, the health care professions, the Advocate for a Healthy Alberta, the Health Authorities, health care and post-secondary institutions, and other departments, organizations, and the private sector as appropriate;

3.2 that the strategy include the selection of a suitable area, ideally within a Health Authority boundary, which would participate in a full pilot project to test province-wide application;

3.3 that the strategy include a proposal for financial and/or manpower incentives to assist and encourage Health Authorities and health care institutions and operations such as doctors' offices, community health clinics, and others, in making the transition to a province-wide, compatible, confidential, computerized system;

RECOMMENDATION 3: INFORMATION SYSTEMS

3.4 that an average awareness program be developed to encourage, inform, ensure and/or train health care providers and consumers in the use, advantages and confidentiality of the computerized system; and

3.5 that the personalized, computerized health care information system be phased-in and fully operational throughout the province no later than 1995.

RECOMMENDATION 4: EDUCATION

4.0 THEREFORE, WE RECOMMEND that during regular curriculum review, matters pertaining to the health system be included in appropriate life skills management, social studies, and other courses in the school curriculum, and that the incorporation be concluded no later than 1995;

4.1 that health studies at Alberta's post-secondary institutions include courses on the use of the health system;

4.2 that information on the costs of services rendered by practitioners, institutions or government agencies be provided to individuals;

4.3 that the Government of Alberta initiate methods of informing its constituents of the range of health services available, how and when to use them, where the funds come from, and their value; and

4.4 that incentives be provided to Albertans to maintain a healthy lifestyle, and some form of reward be provided to those who use the health care system significantly less than the norm.

RECOMMENDATION 5: ETHICS CENTRE

5.0 THEREFORE, WE RECOMMEND that the Government of Alberta support the establishment of a provincial Ethics Centre by providing matching grants annually, up to and including 1995, to funds provided by academic institutions, religious groups, corporations, foundations, and individuals;

5.1 that the Ethics Centre exist within an intellectual but practical environment, accessible by the public, but operating at arms-length from governing bodies;

5.2 that the findings of the Ethics Centre be shared with Albertans in an appropriate manner, with provincial Health Authorities, with members of health care and other professions, and with similar centres nationally and internationally; and

5.3 that the success of the Ethics Centre in meeting its mandate be reviewed in 1994 to determine continuing the Government of Alberta matching-grant program for an additional five years.

RECOMMENDATION 6: POWER OF ATTORNEY/LIVING WILL

6.0 THERE, WE RECOMMEND that the Government of Alberta introduce legislation in 1990 which will enable Albertans to provide:

1) enduring power of attorney regarding financial and other matters; and

2) advanced directives, also referred to as "living wills", regarding personal matters.

RECOMMENDATION 7: FAMILY "BUDGETS"

7.0 THEREFORE, WE RECOMMEND that the Government of Alberta explore the option of a system that provides all Albertans and/or their designates with the responsibility for disbursing, managing and monitoring the funds required for their health care needs;

7.1 that a system of personalized funding be devised that determines individual/family, annual health care expense budgets (based on past usage, needs, typical comparisons and circumstances) which can be accessed only through personal, micro-computer devices from the Alberta Health Insurance Plan account, and can provide monthly statements detailing expenses and available balance;

7.2 that the system be flexible enough to accommodate budget adjustments following changes in health circumstance and confirmation of diagnosis;

7.3 that the system be tested in conjunction with the pilot project recommended to test the province-wide application of the personalized, computerized health information devices;

7.4 that consumer education programs be developed to assist Albertans in making informed choices about services and care providers; and

7.5 that the transfer of this responsibility to individual Albertans be phased-in and fully operational by 2005.

RECOMMENDATION 8: BASIC SERVICE DEFINITION

8.0 THEREFORE, WE RECOMMEND that the Government of Alberta, in consultation with health care practitioners and consumers, define what it considers to be basic insured services covered by the Alberta Health Care Insurance Plan;

8.1 that a supplementary health insurance plan for Albertans who want the option of additional services beyond the basics be established; and

RECOMMENDATION 8: BASIC SERVICE DEFINITION

8.2 that the Alberta Health Care Insurance Plan, through either the basic or supplementary plan, expand coverage to include approved alternate care providers within the system to improve the mix and efficiency of services, and to provide a range of less costly services.

RECOMMENDATION 9: DIRECT PAYMENT BY CONSUMERS

9.0 THEREFORE, WE RECOMMEND that the concept of personalized direct payment to people with special need for support be applied to current and potential community-based programs, so as to help reduce barriers and restrictions, while encouraging self-reliance and dignity; and

9.1 that enabling legislation and regulations for such direct payment programs be in place no later than April 1, 1993.

RECOMMENDATION 10: HEALTH ADVOCATE

10.0 THEREFORE, WE RECOMMEND that the Government of Alberta appoint/select an Advocate for a Healthy Alberta to focus on the health status of Albertans as a whole; to review the efficiency, effectiveness, and suitability of our health system; and to set broad priorities; as well as to communicate on health matters with and to Albertans and the government;

10.1 that the Advocate be given the authority to collect the necessary data from government departments, agencies, and Health Authorities in order to coordinate such activities as may be on-going, and to make recommendations;

10.2 that the Advocate oversee the long-range and strategic planning, and health policy analysis for Alberta, with representatives from each of the Health Authorities sitting in an advisory capacity to the Advocate;

10.3 that the work and the findings of the Advocate for a Healthy Alberta be readily and frequently communicated to Albertans, to the Premier, to Members of the Legislative Assembly, and appropriate government departments; and

10.4 that the Advocate for a Healthy Alberta fulfill his/her mandate during the period of April 1, 1990 and March 31, 2001.

RECOMMENDATION 11: REVIEW AND HEALTH INSTITUTE

11.0 FURTHERMORE, WE RECOMMEND that a full review of the success of the Advocate for a Healthy Alberta be conducted by a provincial/national/international panel beginning April 1, 1995 and reporting to the Premier no later than March 31, 1996; and

RECOMMENDATION 11: REVIEW AND HEALTH INSTITUTE

11.1 that based on its findings, the review panel either

1) endorse the work of the Advocate and recommend continuance to the end of the term;

2) give it limited approval and recommend continuance, subject to certain changes in direction and structure, and a subsequent review; or

3) assess him/her as ineffective and recommend termination of the appointment within six months; and

11.2 that if the Advocate for a Healthy Alberta does not, or is not able to fulfill its mandate as described, then a full Alberta Health Institute with appropriate authority and funding be established to carry out the task reporting directly to the Premier through the Deputy Minister of Executive Council.

RECOMMENDATION 12: REGIONAL HEALTH AUTHORITIES

12.0 THEREFORE, WE RECOMMEND that the province be divided into nine autonomous administrative areas within defined boundary structures, accountable through appropriately named Health Authorities;

12.1 that each Health Authority report annually to the department of Alberta Health on all activities, resource utilization, programs and services, fiscal arrangements and health status within its jurisdiction;

12.2 that each Health Authority board be comprised of locally-elected trustees representative of the constituents, plus an executive director and a department representative;

12.3 that the executive director be a joint appointment of the Health Authority and Alberta Health, but have a direct reporting relationship to the Authority;

12.4 that the framework be put in place for the first election of transitional members to be accommodated during the municipal election process in 1992, with full responsibility transferred to each Health Authority, as appropriate, no later than 1995;

12.5 that each Health Authority devise community care networks to assist consumers in identifying and accessing health and health care information, programs, services, facilities, and treatments available;

12.6 that the mechanism allow for existing hospital and public/community health boards and similar agencies to act in advisory capacity to the Health Authorities; and

RECOMMENDATION 12: REGIONAL HEALTH AUTHORITIES

12.7 that the role of existing hospital and public/community health boards and similar agencies be determined within each Health Authority jurisdiction.

RECOMMENDATION 13: PRIORITY OF HEALTH CARE

13.0 THEREFORE, WE RECOMMEND that the Government of Alberta declare health and health care as high priority services, including those which are defined as basic to the Alberta Health Care Insurance Plan, and thus ensure and protect budget allocations during periods of economic restraint; and

13.1 that Alberta Health disburse health and health care funds directly to individual Health Authorities which are responsible for provision of services, including appropriate methods of compensation, within their administrative areas.

RECOMMENDATION 14: HEALTH RESEARCH

14.0 THEREFORE, WE RECOMMEND that the mandate of the Alberta Heritage Foundation for Medical Research be reviewed and expanded to include research into health care systems, health status, intervention outcomes, and promotion and prevention;

14.1 that the name of the Foundation be changed to the Alberta Heritage Foundation for Health Research to reflect its expanded mandate;

14.2 that funding to the Foundation from the original Alberta Heritage Savings Trust Fund endowment be increased annually at a minimum of one percent for 10 years, with the cumulative increase dedicated to accommodate the expanded mandate;

14.3 that a separate review panel, representing health and academic institutions, health professions, industry, the Health Authorities, the Advocate for a Healthy Alberta, government and the Foundation, be established to deal with these additional areas of research;

14.4 that the findings of these specialized research activities be reported to Alberta Health and the Advocate for a Healthy Alberta for broader dissemination and application throughout the health community; and

14.5 that the expanded operation be effective by April 1, 1991.

RECOMMENDATION 15: TECHNOLOGICAL ASSESSMENT

15.0 THEREFORE, WE RECOMMEND that the Government of Alberta provide the resources to establish a mechanism to assess health technologies including the scientific, medical/clinical effectiveness, efficiency, and safety; the economic necessity and effectiveness, including direct and indirect costs; and the social and psychological impact, including possible legal and ethical dilemmas;

15.1 that the mandate of the Alberta Research Council be expanded to coordinate/provide such comprehensive and continuous assessment of technologies, with particular emphasis on health technology;

15.2 that the name of the Council be changed to the Alberta Research and Technology Council to better reflect its role;

15.3 that the Council work in close cooperation with the Alberta Health, Alberta Technology, Research and Telecommunications, Alberta Environment, the Alberta Heritage Foundation for Health Research, and the Ethics Centre;

15.4 that the Council serve as the primary contact with other provincial, and national and international governments and bodies to assist in the establishment of international standards and the sharing of technological assessments;

15.5 that the Council develop strategies for both distributing and rejecting technologies, and communicating those actions; and

15.6 that the Council establish, in conjunction with the appropriate private and public sector bodies, the mechanisms to assess and promote Alberta-developed health technologies that may be marketable nationally and internationally.

RECOMMENDATION 16: RECOGNITION OF EXCELLENCE

16.0 THEREFORE, WE RECOMMEND that the meritorious service, outstanding performance, and development of innovative procedures by those working in the health care system be recognized and rewarded by management;

16.1 that health care providers be more involved in the decision-making process regarding provision of health programs and services;

16.2 that the various institutions within the health system direct more effort and specific programs and policies toward preventing, managing and resolving conflict between and among the health disciplines, including provision of incentives which encourage good morale, cooperation and teamwork;

RECOMMENDATION 16: RECOGNITION OF EXCELLENCE

16.3 that human resources be maintained in sufficient numbers and with quality knowledge to meet current and future manpower requirements, to respond to the changing needs of patients, and to relieve the stress on overworked, overextended health care providers; and

16.4 that institutions of care ensure that the work environment is safe, secure and healthy, with procedures in place to deal with hazardous or crisis situations.

RECOMMENDATION 17: TRAINING

17.0 THEREFORE, WE RECOMMEND that course content emphasize relationships and roles of different members of the health care professions in the areas of common concern and practice, focus on the complementary nature of the professions, and provide instruction in conflict and stress management;

17.1 that ways be developed within and among post-secondary institutions and among instructors of health care providers to ensure that the interdependence of the professions is being reinforced at all levels; and

17.2 that Alberta Advanced Education provide course development funds, and that appropriate faculties re-allocate their resources, to offer by 1993, ethics courses to all students enrolled in health-disciplines programs.

RECOMMENDATION 18: HUMAN RESOURCES PLANNING

18.0 THEREFORE, WE RECOMMEND that the health manpower needs of the Health Authorities be reviewed following the identification of their local priorities to ensure sufficient numbers of providers of the required mix are being attracted to and trained in the appropriate health disciplines;

18.1 that post-secondary institutions in Alberta be apprised of emerging trends and needs so they can respond promptly with relevant training and retraining programs, and continuing education courses;

18.2 that Alberta work cooperatively with other jurisdictions to improve mechanisms to identify health manpower needs and coordinate appropriate training and educational opportunities throughout Canada, but particularly within the western provinces; and

18.3 that Alberta continue and expand its purchase of seats at out-of-province post-secondary institutions to train people in priority programs of study not available or at full capacity in this province.

RECOMMENDATION 19: HEALTH AND ENVIRONMENTAL CODE

19.0 THEREFORE, WE RECOMMEND that the Government of Alberta develop an Alberta Code of Health and Environmental Ethics no later than 1992, by reviewing current policies and introducing new legislation, regulations and procedures to ensure that the health impact on Albertans is given full and equal considerations in matters of economic development and diversification, and job creation;

19.1 that the mandate of the Environment Council of Alberta be strengthened and expanded to include greater autonomy, more authority, and more responsibility in the area of the impact of the environment on health; and

19.2 that the Environment Council of Alberta work in close cooperation with the Advocate for Healthy Alberta.

RECOMMENDATION 20: ENVIRONMENTAL TECHNOLOGY

20.0 THEREFORE, WE RECOMMEND that the Government of Alberta encourage further research, development and assessment of technology, by both government agencies and the private sector and cooperatively, in environmental health and protection for application to Alberta industry;

20.1 that Alberta give priority to becoming a world leader in the development of innovative uses of recyclable materials and waste;

20.2 that a program of assistance/incentives be initiated by 1992 to encourage the development and use of renewable alternate energy sources; and

20.3 that the government support and assist the private sector involved in these activities to market their technologies throughout the world.

RECOMMENDATION 21: HEALTHIER CHOICES

21.0 THEREFORE, WE RECOMMEND that healthy choices be made easier choices - for either or both consumers and manufacturers - because they have been made cheaper through incentives where appropriate;

21.1 that manufacturers and merchandise outlets be encouraged and assisted in labeling those goods and products that are environmentally friendly;

21.2 that the Alberta Food Processing Centre and other similar agencies of government which assist the private sector in testing, packaging and marketing their goods and products develop and promote the use of appropriately labelled, biodegradable or recyclable containers;

RECOMMENDATION 21: HEALTHIER CHOICES

21.3 that municipalities play a larger role in upgrading disposal and recycling facilities or services; and

22.4 that Alberta Environment and other departments, and the Environment Council of Alberta communicate ideas regarding individual action and responsibility through schools and to the general public on the environmental impact on health.